

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Jay A. Goldstein, Michael Rothman, and Whe-Yong Lo

Serial No.: 10/691,928 Art Unit: 1616

Filed: October 23, 2003 Examiner: David Paul Stitzel

For: *ANTIFUNGAL FORMULATIONS*

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

DECLARATION UNDER 37 C.F.R. § 1.131

Sir:

We, Jay A. Goldstein, Michael Rothman and Whe-Yong Lo, hereby declare that:

1. We are the co-inventors of the claimed subject matter in the above-identified application.
2. We have reviewed the Office Action mailed December 4, 2006, in connection with the above-identified application and the following reference cited therein:
 - a) U.S. Published application No. 2003/0231086 by McCadden, et al.
3. We conceived and reduced to practice the claimed compositions and methods in the United States prior to September 2, 1999, the earliest priority date for McCadden, et al., as demonstrated by Exhibit A.
4. Reduction to practice occurred on 9/21 (see Exhibit A), with the administration of EXELDERM® cream (1 % sulconazole nitrate) and WESTCORT® cream (0.2% hydrocortisone

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valerate), which produced an extremely rapid reduction in redness and swelling, in complete contrast to prior treatments.

5. We declare that all statements made herein of my own knowledge and belief are true and that all statements made on information and belief are believed to be true, and further, that the statements are made with the knowledge that willful false statements are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

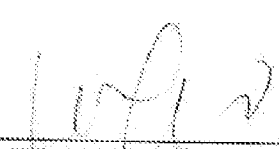
Date: _____

Jay A. Goldstein

Date: _____

Michael Rothman

Date: Feb. 27, 2007



Whe-Yong Lo

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Date:

2/27/07


Jay A. Goldstein

Date:

2/27/07


Michael Rothman

Date:

Whe-Yong Lo

Exhibit A

IDENTIFICATION INFORMATION

✓

DATE 3/3

PATIENT NAME [REDACTED] DATE OF BIRTH [REDACTED] AGE [REDACTED] SEX [REDACTED]



PATIENT NAME [REDACTED] SPOUSE'S NAME [REDACTED]
RESPONSIBLE PARTY IF PATIENT IS A MINOR

ADDRESS [REDACTED] PHONE [REDACTED]
NUMBER (STREET) (CITY OR TOWN) (ZIP CODE)

EMPLOYER [REDACTED] POSITION [REDACTED]

EMPLOYER'S ADDRESS [REDACTED] PHONE [REDACTED]

FAMILY PHYSICIAN [REDACTED]

REFERRED BY [REDACTED]

INSURANCE INFORMATION SOCIAL SECURITY NUMBER [REDACTED]

DO YOU HAVE BLUE SHIELD ☐ MEDICARE ☒ FAMILY HEALTH ☐ PRIVATE INS. ☐

NAME OF COMPANY [REDACTED] IN WHOSE NAME IS POLICY? [REDACTED]

POLICY OR CERT. NUMBER [REDACTED]

[REDACTED]

15/ [REDACTED]

1/ [REDACTED]

1/5 [REDACTED]

1/10 [REDACTED]

1/19 [REDACTED]

7/18 [REDACTED]

26/ [REDACTED]

7/19/ [REDACTED]
[REDACTED]
[REDACTED]
7/19/ [REDACTED]
[REDACTED]
10/15/ [REDACTED]
[REDACTED]
10/21/ [REDACTED]
[REDACTED]
10/21/ [REDACTED]
[REDACTED]
1/21/ [REDACTED]
[REDACTED]
5/13/ [REDACTED]
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10/19/ [REDACTED]
[REDACTED]
1/13/ [REDACTED]
[REDACTED]
[REDACTED]
4/14/ [REDACTED]
[REDACTED]
[REDACTED]
4/20/ [REDACTED]
[REDACTED]
[REDACTED]
5/9/ [REDACTED]
[REDACTED]
9/21/ [REDACTED]

Severe abdominal fold dermatitis - 2 to 3 mos.
PE Numerous and confluent erythematous papules in above location - moderately severe
IMP Intertriginous dermatitis - severe - abdominal
Plan 1. Westcort cream samples BID; Exelderm QD samples
2. Call if not clear 1 to 2 wks.
10/13/ [REDACTED]
F/u abdominal dermatitis
PE Eruption now clear
Plan 1. Taper then DC above regimen
2. RTC 6 mos. and PRN.